

Berkshire County Council

REPORT

OF THE

MEDICAL OFFICER OF
HEALTH

FOR THE YEARS

1953 and 1954

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To the Chairman and members of the
Health Committee of the Berkshire County Council.

I have the honour to submit my Annual Report for the years 1953 and 1954.

I should like to refer, first, to the continuing growth of population. Since 1952, there has been a further increase of nearly 14,000 in the Registrar General's estimate. In the six years since the National Health Service Act, 1946, came into operation in the middle of 1948, the increase has amounted to nearly 40,000, which is almost 15 per cent. The figures for the 1951 Census show an increase in the population of practically 35 per cent. since the previous Census in 1931, as compared with slightly under 10 per cent. for England and Wales as a whole in the same period.

The vital statistics continue to show many very satisfactory features. The *infant mortality* in both 1953 and 1954 is not significantly different from the new low record of 22 that was established in 1952. The death rate from *pulmonary tuberculosis* fell in both years, establishing a new low record in each.

Five cases of *diphtheria* occurred in 1953 (all in one locality), after a run of three years with no cases at all. There was one case in 1954. The circumstances are referred to in the Report, and lend emphasis once again to the need for constant vigilance in order to identify the first sign of an occurrence of this kind, so as to take vigorous action in order to limit the spread at once ; and these incidents also emphasise the necessity of maintaining a high level of immunisation. A marked prevalence of *influenza* in 1953 is also referred to in the Report. *Poliomyelitis* continued to deal heavy blows at the County in 1953, for the fifth year during the eight years since 1947 ; the special circumstances of the County in this connection are referred to. The year 1953 also saw the initiation of the County Council's arrangements for immunisation against whooping cough, and very nearly 2,000 infants received the benefit of the new vaccine in the first year of the scheme.

I should like once again to thank the Chairman and members of the Health Committee for their unfailing sympathy and support. I should also like to acknowledge the assistance of the District Medical Officers of Health and their staffs ; increasingly close touch with them has yielded many and substantial benefits. I should also like to thank the medical practitioners of the County. I have personal contact with almost all of them from time to time, and their readiness to help is of great value to me and is much appreciated. Finally, I should like to make a special acknowledgment to my staff, whose efficiency, loyalty and cheerfulness has enabled so much to be done so well with very moderate forces.

E. C. H. HUDDY,

County Medical Officer of Health.

July, 1955.

ADMINISTRATIVE COUNTY OF BERKSHIRE.

AREA AND POPULATION.

The area of the administrative county of Berkshire is 454,725 acres. In 1954 the estimated civilian population was 316,700 persons, an increase of 7,100 compared with the previous year.

TABLE I.

			Area in Statute Acres (Land and Inland Water).	Population.		
				Census, 1951.	Registrar-General's Estimate.	
					1953.	1954.
URBAN DISTRICTS.						
1	Abingdon Borough	...	1,713	10,176	11,440	11,740
2	Maidenhead Borough	...	5,007	27,145	27,630	28,010
3	Newbury Borough	...	2,612	17,783	18,310	18,510
4	New Windsor Borough	...	4,616	23,299	23,770	24,690
5	Wallingford Borough	...	760	3,514	3,725	3,710
6	Wantage ...	...	2,797	5,090	5,430	5,520
7	Wokingham Borough	...	3,386	8,729	8,895	9,120
Total ...			20,891	95,736	99,200	101,300
RURAL DISTRICTS.						
1	Abingdon...	...	41,225	23,459	23,880	24,450
2	Bradfield ...	...	53,008	18,899	20,860	21,490
3	Cookham ...	...	24,920	13,919	14,360	14,520
4	Easthampstead ...	...	27,034	23,408	26,710	28,190
5	Faringdon ...	...	55,726	12,865	13,790	13,200
6	Hungerford ...	...	44,817	9,417	9,820	9,870
7	Newbury ...	...	41,660	14,156	17,310	18,730
8	Wallingford ...	...	21,772	15,598	16,660	16,330
9	Wantage ...	...	74,179	14,589	15,050	15,460
10	Windsor ...	...	8,665	10,902	11,960	12,460
11	Wokingham ...	...	40,828	35,997	40,000	40,700
Total ...			433,834	193,209	210,400	215,400
Administrative County ...			454,725	288,945	309,600	316,700

BIRTHS AND BIRTH RATES.

LIVE BIRTHS.

The numbers of live births, and the birth rates per 1,000 population for 1954 and the five previous years were :—

	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Number of live births, Berks ...	4,789	4,868	4,747	4,953	4,996	5,249
Birth rate per 1,000 population, Berks	17·16	16·80	15·93	16·36	16·14	16·54

STILL-BIRTHS.

The numbers of still-births and the proportion of still-births per 1,000 total births (together with the latter proportion for England and Wales) for 1954 and the five previous years were :—

	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Numbers of still-births, Berks ...	93	79	80	92	100	106
Proportion of still-births per 1,000 total births, Berks	19·0	16·2	16·6	18·2	19·6	19·6
Proportion of still-births per 1,000 total births, <i>England and Wales</i>	22·7	22·7	23·0	22·7	22·4	23·4

The proportion of still-births is necessarily becoming stabilised, as it gets nearer to what is, in the present state of knowledge, the irreducible minimum. The fluctuations in the period 1950 to 1954 are not significant ones, but are the effect of small numbers.

The numbers of illegitimate births were 283 (including 11 still-births) in 1953, and 282 (including 2 still-births) in 1954. For the two years, the proportion of births that were illegitimate was 5·5 per cent., compared with 4·7 per cent. for England and Wales as a whole.

TABLE II.
LIVE BIRTHS.

					Number of live births.	
					1953.	1954.
URBAN DISTRICTS.						
1	Abingdon Borough	...	...	...	214	239
2	Maidenhead Borough	...	...	...	421	436
3	Newbury Borough	...	...	...	315	341
4	New Windsor Borough	...	...	...	361	363
5	Wallingford Borough	...	...	...	72	61
6	Wantage	...	...	...	92	92
7	Wokingham Borough	...	...	...	138	127
RURAL DISTRICTS.						
1	Abingdon	...	...	...	410	453
2	Bradfield	...	...	...	352	369
3	Cookham	...	...	...	222	247
4	Easthampstead	...	...	...	368	436
5	Faringdon	...	...	...	264	245
6	Hungerford	...	...	...	156	163
7	Newbury	...	...	...	279	299
8	Wallingford	...	...	...	265	306
9	Wantage	...	...	...	313	299
10	Windsor	...	...	...	203	200
11	Wokingham	...	...	...	551	573
Urban Districts					1,613	1,659
Rural Districts					3,383	3,590
County ...					4,996	5,249

DEATHS.

The total numbers of deaths, the numbers due to the main causes, and the crude death rates during 1953 and 1954, and the four previous years, were as follows :—

Cause.					Number of deaths.					
					1949	1950	1951	1952	1953	1954
All causes	...	...	...	...	3,092	3,165	3,464	3,088	3,346	3,123
Heart disease	...	...	...	...	958	1,007	1,023	954	933	926
Cancer	...	...	...	...	487	560	565	551	574	544
Vascular lesions of nervous system					373	423	462	447	452	498
Bronchitis and pneumonia	...				253	219	320	244	349	231
Influenza	...	...	...	...	32	23	101	3	85	9
Crude death rate per 1,000 population	...	...	...	...	11.08	10.92	11.63	10.20	10.81	9.86

The first quarter of 1953 saw a marked outbreak of *influenza*, with a specially heavy incidence upon South-East England. In the country as a whole, over half of the total annual influenza deaths occurred in February. The mortality of young persons and children was not affected, but that of persons over 45. Surrey, Sussex and Berkshire suffered most. Indeed, whereas the year 1951 had seen an influenza mortality well over double that for 1953 (and the worst for many years) taking England as a whole, the influenza mortality in Berkshire in the two years was practically the same. In 1953, both halves of the County were equally affected. In England as a whole, the rural areas showed the usual excess of mortality for this disease, as compared with that for the country at large; but this feature was not apparent in Berkshire, even when some allowance is made for deaths ascribed to pneumonia and bronchitis, as must always be done in considering outbreaks of influenza.

TABLE III.
DEATHS.

					Number of deaths.	
					1953.	1954.
URBAN DISTRICTS.						
1	Abingdon Borough	...	...	...	87	87
2	Maidenhead Borough	...	...	...	475	293
3	Newbury Borough	...	...	...	251	198
4	New Windsor Borough	...	...	...	218	235
5	Wallingford Borough	...	...	...	133	121
6	Wantage	...	...	...	54	56
7	Wokingham Borough	...	...	...	222	107
RURAL DISTRICTS.						
1	Abingdon	...	...	...	158	206
2	Bradfield	...	...	...	195	222
3	Cookham	...	...	...	105	146
4	Easthampstead	...	...	...	251	264
5	Faringdon	...	...	...	93	118
6	Hungerford	...	...	...	114	119
7	Newbury	...	...	...	123	142
8	Wallingford	...	...	...	208	211
9	Wantage	...	...	...	121	139
10	Windsor	...	...	...	180	133
11	Wokingham	...	...	...	358	326
	Urban Districts	...	...	...	1,440	1,097
	Rural Districts	...	...	...	1,906	2,026
	County ...	...	...	...	3,346	3,123

INFANT MORTALITY.

<i>Berkshire.</i>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Deaths of infants under one year	118	116	127	109	114	116
Infant mortality rate (deaths of infants under one year per 1,000 live births in the same period)	24·6	23·8	26·75	22·0	22·8	22·1

The rate of infant mortality for the County has been very satisfactory indeed for the past three years, and during that period shows no significant departure from the low record of 22 that was achieved in 1952. The rate for England and Wales as a whole for the same three-year period was 26·5, and, for the year 1954, 25·5, which was the lowest annual rate ever recorded. Some idea of the target for this figure, in the present state of knowledge, can be obtained from the recent experience of three countries, Sweden, New Zealand and the Netherlands, where the approximate infant mortality rates in 1954 were respectively 18·25, 20, and 21·25.

TABLE IV.
INFANT MORTALITY
(per 1,000 live births).

				Infant Mortality, 1945-54.	Number of deaths.	
					1953.	1954.
URBAN DISTRICTS.						
1	Abingdon Borough ...	...	...	20·48	2	2
2	Maidenhead Borough ...	...	...	32·17	10	12
3	Newbury Borough ...	...	...	26·92	9	5
4	New Windsor Borough ...	...	...	28·21	10	7
5	Wallingford Borough ...	...	...	31·88	1	1
6	Wantage ...	...	...	20·31	3	1
7	Wokingham Borough ...	...	...	28·00	2	3
RURAL DISTRICTS.						
1	Abingdon ...	...	...	23·74	12	8
2	Bradfield ...	...	...	26·11	9	8
3	Cookham ...	...	...	24·79	3	7
4	Easthampstead ...	...	...	26·94	6	8
5	Faringdon ...	...	...	23·12	2	7
6	Hungerford ...	...	...	34·03	5	7
7	Newbury ...	...	...	24·57	8	4
8	Wallingford ...	...	...	26·03	9	7
8	Wantage ...	...	...	22·35	6	6
10	Windsor ...	...	...	29·20	5	7
11	Wokingham ...	...	...	26·48	12	16
Urban Districts ...				27·70	37	31
Rural Districts ...				25·78	77	85
County ...				26·43	114	116

MATERNAL MORTALITY.

The numbers of maternal deaths in the county in the year 1954 and the five previous years were respectively :—

	1949	1950	1951	1952	1953	1954
Numbers of deaths ...	<u>3</u>	<u>3</u>	<u>2</u>	<u>6</u>	<u>5</u>	<u>1</u>

The maternal mortality rate for the County in 1954 is the lowest ever recorded, and, for the first time, one death only occurred during the year. The mortality risk of childbirth is now reaching really negligible proportions ; and we are not far from achieving a calendar year with no maternal deaths at all on the record, which has already been the case in a few counties, although, so far, mainly those of smaller size.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE.

DIPHTHERIA.

The number of cases of, and deaths from, diphtheria for the nine years up to and including 1954 are shown in the following table :—

	Year	1946	1947	1948	1949	1950	1951	1952	1953	1954
Number of cases	...	41	18	2	15	—	—	—	6	1
Number of deaths	...	—	1	—	—	—	—	—	—	—

The six cases in 1953 included two symptomless carriers. All the cases were from one small area, and all were mild, being due to the *mitis* strain of organism. Immediate and vigorous action was taken to investigate the source and to limit the spread of infection. No further cases occurred after the first group. On the basis of circumstantial evidence, it was considered probable that the disease may well have been imported from an adjoining county, and that the spread outside the original family (where four of the cases occurred) was in one case from contact with the original family, and in the other by the fact that a fair had recently been in the locality and had been visited by large numbers of the local population. The single case in 1954 occurred in an institution. Investigation revealed a very large number of carriers of the organism. Owing to the type of resident, both the taking of swabs, and the control of infection generally, were difficult. The infection was eventually eliminated with no further cases ; and the clearance of the numerous carriers was much facilitated by the use of the recently introduced antibiotic *erythromycin*.

The numbers of primary immunisations and of reinforcement doses during the year 1954 and the four previous years were :—

	<u>1950</u>	<u>1951</u>	<u>1952</u>	<u>1953</u>	<u>1954</u>
Primary immunisations by medical practitioners	1,975	2,605	2,429	2,258	2,639
Primary immunisations at clinics	1,064	1,104	976	1,173	1,077
Reinforcement doses by medical practitioners	185	291	413	700	751
Reinforcement doses at clinics ...	261	750	711	705	577

SCARLET FEVER.

There were 422 notified cases in 1953, and 265 in 1954. The numbers of cases removed to hospital were respectively 108 and 47. The proportion of cases admitted to hospital remains low. It is desirable that this should be so, for it is advisable to admit to hospital only those cases in which there are special circumstances from the public health point of view.

TYPHOID FEVER.

Of the two cases notified in 1953 as typhoid fever, one was eventually shown to be due to *Salmonella typhi-murium*. In the other case it was considered, on the basis of circumstantial evidence, that the infection was derived from a carrier, and all steps were immediately taken to prevent further cases arising from the source. No cases of typhoid fever were notified in 1954.

WHOOPING COUGH.

The numbers of notified cases in 1953 and 1954 were respectively 1,106 and 710. There were no deaths in 1954, but three in 1953, including one in an infant under one, the others being in children between one and five. In 1953, the Council's new arrangements for the distribution of special vaccine for immunisation against whooping cough came into operation, following the appearance of the second Report of the Medical Research Council on the subject. The scheme provides for the immunisation to be carried out by family doctors, as in the case of diphtheria immunisation and vaccination. For the reasons set out in the previous report, practitioners were asked to do their best to immunise infants early in life, and to begin at ten to twelve weeks if possible. During the year the new vaccine was given to 1,941 infants. It is to be hoped that this number will be increased in future years, and that an appreciable effect on the number of deaths from this disease in infants (even though the number has been small in any one year) will be apparent when a sequence of years has been observed. The number receiving the vaccine in 1954 was 2,902, of which 1,844 were infants under one. The investigations of the Medical Research Council suggested that an effective vaccine, as well as reducing substantially the chance of developing the disease at all, can also lessen the severity of the attack should it occur. It is to be hoped, therefore, that the use of this method of immunisation (provided care is taken to use a really effective type of vaccine) will also reduce the serious lung damage that can result from this disease in infancy, as well as reducing the number of deaths. It is going to be extremely difficult to virtually eliminate the risk of death, and of lung damage, from whooping cough, for a fair proportion of the deaths that do occur take place under two months of age, before immunity can be effectually built up by artificial means. It is of the greatest importance, however, that the process should be started as soon as possible, and it is urgently necessary to ascertain, by suitable trials, just how early in life immunisation can be begun. For the reasons given in the previous report, very early immunisation against diphtheria is undesirable; neither is it necessary, however, for the latter disease is of little or no danger to the infant. It is to be regretted, of course, that combined immunisation against the two diseases remains, therefore, a difficult problem. Meanwhile, it is our duty to obtain the highest possible level of immunity against each disease, and to use only those methods that, in the light of the available knowledge, can guarantee this as far as possible.

VACCINATION AGAINST SMALLPOX.

Under the County Council's arrangements for vaccination, the numbers of primary vaccinations were 3,082 and 3,024 in 1953 and 1954 respectively, and the numbers of re-vaccinations 741 and 728.

POLIOMYELITIS.

During 1953, for the fifth year during the eight years since 1947 (the relative exceptions were 1948, 1951, and 1954), there was a considerable prevalence

of poliomyelitis in the County, there being 47 notified cases, of which 29 were paralytic and 18 non-paralytic. There were 6 deaths from the disease. The number of cases in East Berks was 28, and in West Berks 19. The numbers of paralytic cases, however, were 14 and 15 respectively; and since the populations of the two sides of the County are very nearly the same, the best indication of intensity, the incidence of paralytic cases, is seen to indicate no significant difference between the eastern and western sides of the County. Since 1947, when poliomyelitis first assumed a much wider general dispersion in England and Wales at large, East Berks has, as is explained below, shown a significant excess over the seven-year period as a whole, this being due very largely to an excess of the disease in East Berks during the years 1949 and 1952. The overall experience of the past seven years is shown in the following table, the figures in thicker type in the right-hand column being those that show statistically significant differences from the numbers of cases that would be expected on the basis of the experience of the aggregate of similar types of area in England as a whole during the seven years in question. As has been suggested in previous reports, the excess in East Berks is probably due to the much greater contact of this half of Berkshire with the enormous population mass of London, which itself has a continuous exchange with so many parts of the country. It is of particular interest that the most significant excess for the seven-year period is shown by Maidenhead and the Cookham Rural District combined, these being the areas that probably have the largest daily movement of population to and from the metropolis. The only other striking feature of recent experience was the occurrence of 17 cases in the Wokingham Rural District in the year 1949, against an "expected" number of only 5. The number of cases in a single year, even in the whole County, is usually too small for significant differences to be demonstrated, but now that the experience of the whole seven years is available this is possible.

NOTIFIED CASES OF POLIOMYELITIS IN BERKSHIRE DURING
THE SEVEN-YEAR PERIOD, 1947 TO 1953.

				<i>Expected</i>	<i>Actual</i>
				<i>Cases.*</i>	<i>Cases.</i>
WEST BERKS :					
Abingdon Municipal Borough	...			8	7
Newbury Municipal Borough	...			14	10
Wallingford Municipal Borough	...			3	1
Wantage Urban District	...	...		4	4
Urban Areas				29	22
Abingdon Rural District	...	...		20	24
Bradfield Rural District	...	...		18	9
Faringdon Rural District	...	...		12	8
Hungerford Rural District	...	...		9	4
Newbury Rural District	...	...		14	16
Wallingford Rural District	...	...		14	11
Wantage Rural District	...	...		13	13
Rural Areas				100	85
TOTAL : WEST BERKS				129	107

				<i>Expected</i> <i>cases*</i>	<i>Actual</i> <i>cases</i>
EAST BERKS :					
Maidenhead Municipal Borough ...				21	51
New Windsor Municipal Borough...				18	21
Wokingham Municipal Borough ...				7	7
Urban Areas				<hr/> 46	<hr/> 79
Cookham Rural District				12	27
Easthampstead Rural District ...				21	28
Windsor Rural District				10	10
Wokingham Rural District				33	42
Rural Areas				<hr/> 76	<hr/> 107
TOTAL : EAST BERKS				<hr/> 122	<hr/> 186

*The *expected* cases are obtained by applying to the urban areas the annual rates for the aggregate of English non-county boroughs and urban districts, and to the rural areas those of the aggregate of English rural districts.

Since the year 1950, notifications of poliomyelitis have been distinguished as *paralytic* and *non-paralytic* respectively. Of these two categories, the paralytic form is one of the most definite of diseases, and, in view of its seriousness, the vast majority of cases must come to medical notice and thus be notified. The non-paralytic form, on the other hand, is one of the most indefinite conditions, so that the numbers are subject to a wide degree of error, being increased by the inclusion of other similar conditions, and, still more, falling short of the true number by the failure of many (particularly the mildest cases) to obtain recognition at all. The number of non-paralytic cases has been rather constantly, although with a few exceptions, half the number of paralytic cases. On the other hand, it is computed that the non-paralytic cases, if fully ascertained, should be some seven to ten times the paralytic ones, and this on the basis of only including in the former category the cases of definite illness, and not the much larger number of inapparent infections that represent the main method by which the virus is passed through the population. There is evidence that the proportion of non-paralytic cases may vary in different outbreaks or areas. Even so, it seems clear that the actual numbers of non-paralytic cases are on the whole of very limited value, and that the main function of notifying these cases is to keep before the public, and more particularly the public health and medical services, the important fact that the large, and largely invisible, mass of non-paralytic and inapparent infections is for all practical purposes the means by which poliomyelitis is transmitted. The numbers of paralytic cases, on the other hand, can form a firm basis, and can provide a good *index* of intensity ; and it is also desirable to use these cases for calculating case mortality. It is of interest that a study of paralytic cases in Berkshire during the four years 1950-53 confirms the main features that appear in the table given above. The table below shows the numbers of paralytic and of non-paralytic cases of poliomyelitis in East and West Berks respectively during the four years 1950 to 1953, during which the two types of case have been separately notified. The numbers of paralytic cases in each year are not significantly different from those that would have been expected, on the basis adopted in the former table, with the exception of the figure for East

Berks in 1952, which is increased above the "expected" figure for the year by an excess of 13. If this is subtracted from the figure of 24 shown in the table, the figures for paralytic cases for the two halves of the County (with not very different populations) are seen to be not dissimilar. It is of interest that the excess of 13 cases just referred to is associated entirely with Maidenhead, Windsor, and the Cookham Rural District. The numbers of non-paralytic cases are seen to be in general considerably higher in East Berks, and lower in the western part of the County where there are many more isolated places, and where, no doubt, the milder forms of the disease are more likely to be overlooked.

Year.	WEST BERKS.		EAST BERKS.	
	Number of Paralytic Cases.	Number of Non-paralytic Cases.	Number of Paralytic Cases.	Number of Non-paralytic Cases.
1950 ...	17	6	16	8
1951 ...	1	8	1	5
1952 ...	9	1	24	14
1953 ...	14	5	15	13

The fact that poliomyelitis, like influenza, is one of the few infectious diseases that has a larger incidence in rural areas has some interest for Berkshire, which is one of the most rural counties, for two-thirds of its population live in rural districts. Since there has been available the firm basis of incidence that is provided by the separate notification of paralytic cases of poliomyelitis, that is, since 1950, this special feature of the disease receives further confirmation, as can be seen from the following figures :—

PARALYTIC CASES OF POLIOMYELITIS PER 100,000 POPULATION.

Year					1950	1951	1952	1953
England and Wales	...	...	...	...	13	3	6	7
London	...	...	...	...	8	2	6	7
Non-County Boroughs and Urban Districts of England	...	...	...	...	11	3	6	7
Rural Areas of England	...	...	...	...	15	4	7	8

VENEREAL DISEASES.

The following figures show the numbers of cases dealt with during 1953 and 1954 at the various clinics serving the area of the County, the figures for the year 1952 being shown in brackets :—

	Royal Berkshire Hospital, Reading.		Radcliffe Infirmary, Oxford.		King Edward VII. Hospital, Windsor.	
	<u>1953</u>	<u>1954</u>	<u>1953</u>	<u>1954</u>	<u>1953</u>	<u>1954</u>
<i>Number of cases seen for the first time</i> ...	89	87 (106)	43	34 (47)	116	103 (87)
of which—						
Cases of syphilis	3	4 (15)	6	1 (10)	12	10 (10)
„ gonorrhoea	16	10 (10)	7	7 (8)	14	5 (2)
Non-venereal cases	70	73 (81)	30	26 (29)	90	88 (75)

LABORATORY SERVICES.

The Public Health Laboratory Service continued throughout the year to give invaluable assistance to Medical Officers of Health in the investigation of cases of infectious disease.

TUBERCULOSIS

(and see also Care and After-Care, p. 22).

The numbers of primary notifications received during 1954 are shown in the following table, together with the corresponding figures for the previous ten years :—

TABLE V.
TUBERCULOSIS.
ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1944.

Year.	Pulmonary.	Non-Pulmonary.	Total.
1944	330	89	419
1945	257	89	346
1946	272	84	356
1947	264	53	317
1948	245	77	322
1949	258	49	307
1950	205	45	250
1951	276	67	343
1952	193	30	223
1953	236	33	269
1954	214	25	239

The numbers of deaths from pulmonary tuberculosis during 1953 and 1954 were 37 and 37 respectively (compared with 59 in 1951 and 43 in 1952). The resulting death rates in the two years successively created new low records. That for 1954 is shown in the table below ; the corresponding rate for England and Wales as a whole was 16. Deaths from non-pulmonary tuberculosis in 1953 and 1954 were respectively 2 and 4 ; the 1954 death rate for the County was 1.3, compared with 1.9 for England and Wales. The death rate from non-pulmonary tuberculosis is now becoming so small that purely chance fluctuations in the figure are relatively large.

Notifications are affected, of course, by the efficiency with which new cases are discovered, and this is especially so at the present time, when mass radiography is in use for this very purpose. It is probable that at least a third of all cases are unknown at any particular time, and these clearly do more harm, relatively, in transmitting infection, from the very fact that they are unknown and therefore not susceptible to advice regarding prevention.

TABLE VI.
CRUDE DEATH RATE FROM TUBERCULOSIS PER 100,000
POPULATION, BERKSHIRE.

PULMONARY TUBERCULOSIS.				NON-PULMONARY TUBERCULOSIS.			
Quinquennium, 1906-10	...	87		Quinquennium, 1906-10	...	24	
Quinquennium, 1941-45	...	36		Quinquennium, 1941-45	...	11	
Quinquennium, 1946-1950	...	28·7		Quinquennium, 1946-1950	...	3·9	
Triennium, 1951-53	...	15·5		Triennium, 1951-53	...	1·9	
Year 1954	...	11·7		Year 1954	...	1·3	

CARE OF MOTHERS AND YOUNG CHILDREN.

CHILD WELFARE CENTRES.

At the end of 1954 there were 79 Centres ; new ones had been opened during 1953 at Charvil, and at Abingdon (North). During 1953 the number of children attending the Centres for the first time, and who were under one at the time of first attendance, was 2,867 ; and total attendances for the year were 58,832. The corresponding figures for the year 1954 were 3,312 and 58,776 respectively.

DAY NURSERIES.

The National Health Service Act, 1952, empowered Local Health Authorities to make charges, based on ascertained cost, for their Day Nurseries, and the County Council introduced such charges (subject to assessment and reduction in accordance with income), in September of that year, at its two Day Nurseries at Didcot and Windsor. At both the daily attendances fell markedly, at Didcot to about 12 children, at which figure it remained until the end of 1953. At Windsor the attendances fell to 12, but rose to 18 in February, 1953, and to 28 by the end of the year. During 1954 attendances at Windsor were well maintained at about 30. At Didcot, however, there was no increase in numbers, and the Nursery was closed on 30th June. Arrangements were made to provide a system of child minders for the remaining cases, but it was found eventually that all the mothers concerned had provided for the care of their children through private channels, or had given up work.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

(a) The main institutional accommodation continues to be provided at the County Council's own Hostel at Burnell House, Windsor, where up to 18 mothers with their infants are taken. The general policy regarding the admission of cases to this Hostel was described in the report for 1951. During 1953, the number of County cases admitted was 63, and 12 cases were taken from other counties. The corresponding figures for 1954 are 59 and 12 respectively. Cases are admitted to Voluntary Homes when admission to Burnell House is impossible, or inadvisable on account of special circumstances, and in these cases the Council contributes 75 per cent. of the ascertained cost, less any contribution by the mother ; 8 cases were admitted to such Homes during 1953, and 10 in 1954. The total numbers of cases admitted to institutions in the four years 1951 to 1954 were respectively 61, 73, 71 and 69.

(b) Field work is carried out by the Workers of the Oxford Diocesan Moral Welfare Association, to which the Council again made a grant. All cases coming to the attention of the Public Health Department are referred to the Workers of the Association in the first instance. Admissions to Burnell House are made after consideration of the detailed reports of the Moral Welfare Workers, and special efforts are made to keep the Workers in touch with their cases in the Hostel, so that the " outside " aspect of the case is kept in the picture, and in order that the situation of the girl and her infant may be as satisfactory as possible when she comes to be discharged from the Hostel. The maximum period of residence is a year, but most cases are found to be ready for discharge sooner than that, and, if the Worker has been able to make satisfactory arrangements outside, earlier discharge has the advantage that the number of admissions, and the value of the work of the Hostel, are increased.

(c) Special care is provided for all those illegitimate infants who live in ordinary households, and the Health Visitors are required to keep each case under special and close supervision, and to send in reports on each. Every effort is made to enlist the help of such social agencies as may be appropriate to the individual case.

DENTAL CARE.

There was little improvement in the recruitment of dental staff during the year, so that it was not possible to extend the dental treatment of mothers and young children. As in the previous year, it was only possible to deal with emergency cases, those who found it especially difficult to obtain treatment from private dentists.

Mr. O. Jacob, Principal School Dental Officer, reports as follows :—

“ The dental staffing position continued to be very difficult during both 1953 and 1954, and any extension of dental care for mothers and young children was therefore impossible. In addition, one of the main clinics was closed for nearly three months during 1953, due to the illness of the dental officer, and this further curtailed the amount of work for these priority classes.”

The numbers actually provided with dental care are shown in the following tables :—

(a) *Numbers provided with Dental Care :—*
1953.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers	—	—	—	—
Children under five ...	478	366	348	331

(b) *Forms of Dental Treatment provided :—*
1953.

		Anaesthetics.		Fillings.	Scalings.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.					Complete.	Partial.
Expectant and nursing mothers	—	—	—	—	—	—	—	—	—
Children under five	157	49	54	234	—	9	—	—	—

(a) *Numbers provided with Dental Care :—*
1954.

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and nursing mothers	—	—	—	—
Children under five ...	380	247	209	163

(b) *Forms of Dental Treatment provided :—*

1954.

	Extractions.	Anaesthetics.		Fillings.	Scalings.	Dressings.	Radiographs.	Dentures provided.	
		Local.	General.					Complete.	Partial.
Expectant and nursing mothers	—	—	—	—	—	—	—	—	—
Children under five	233	61	83	208	4	10	—	—	—

WELFARE FOODS.

On the 28th June, 1954, the Council took over from the Ministry of Food the distribution of Welfare Foods, which comprise : for infants and young children, National Dried Milk, Cod Liver Oil, and Orange Juice ; and for expectant mothers, Vitamin Tablets. The magnitude of this task can be estimated from the figures given below, which show that the present issues of Welfare Foods of all four types amount in total to not far short of half a million articles a year.

In view of the importance of Welfare Foods to the nutrition of mothers and young children, and therefore to the health of the nation in the future, it was very desirable to assure that their availability should reach a good standard. Under the new arrangements most of the bulk distribution continues to be made by Government agencies to the final issuers, and the latter consist of Infant Welfare Centres, voluntary bodies, private persons, and retail grocers. A certain number of the last-named acted as issuers under the former arrangements of the Ministry of Food, and the Council, under its new arrangements, encouraged others to take part. The response was excellent, and there is no doubt that the spirit of public service shown by the many who have participated has been largely responsible for providing something that is of considerable importance in the County's balance sheet of health.

The volume of work that is entailed in the organisation and control of the distribution of Welfare Foods is very large indeed, as may be seen from the figures given below. The checking of returns, in particular, is a highly responsible and onerous task. The take-over had to be carried through at rather short notice. Fortunately, certain senior members of the staff of the Health Department turned to the task with a will, and their energetic and efficient work was invaluable both during the take-over and also during the inevitable difficulties of the early months. The large number of persons

throughout the County who have taken part in the scheme can be justly proud of their contribution in maintaining this important service.

The issues of Welfare Foods in the first two quarters were :—

<i>Quarter.</i>	<i>National Dried Milk (tins).</i>	<i>Cod Liver Oil (bottles).</i>	<i>Orange Juice (bottles).</i>	<i>Vitamin Tablets (packets).</i>
1954 :				
Third quarter	41,698	8,730	54,715	2,320
Fourth quarter	40,289	11,736	52,954	3,100

MIDWIFERY, HOME NURSING AND HEALTH VISITING.

MIDWIFERY.

The County Council has been Local Supervising Authority for the whole County under the Midwives Acts before the coming into operation of the National Health Service Act, 1946, and continued to be so as Local Health Authority under the latter Act.

At the end of 1954, 145 midwives were practising in the county area. Of these, 93 were engaged in domiciliary midwifery practice and 52 were employed in either general hospitals or nursing homes.

The following table shows the numbers of cases attended by midwives in the area of the Local Supervising Authority :—

1953.

	Domiciliary Cases.		Cases in Institutions.	Total.
	Doctor not booked.	Doctor booked.		
(1) Midwives employed by the Authority	86	1,632	—	1,718
(2) Midwives employed by Voluntary Organisations—				
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	2,011	2,011
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	17	131	148
TOTALS	86	1,649	2,142	3,877

1954.

	Domiciliary Cases.		Cases in Institutions.	Total.
	Doctor not booked.	Doctor booked.		
(1) Midwives employed by the Authority	17	1,736	—	1,753
(2) Midwives employed by Voluntary Organisations—				
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	2,204	2,204
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	12	124	136
TOTALS	17	1,748	2,328	4,093

ANTE-NATAL EXAMINATIONS.

Although ante-natal and post-natal examinations by a medical practitioner are provided under the new Act for all maternity patients (on the basis of a minimum of two ante-natal examinations and a post-natal examination), every effort is made to impress upon midwives the need for them to continue to provide their own complete ante-natal care for their cases. During 1953 and 1954, the numbers of ante-natal visits made by domiciliary midwives were 22,079 and 20,501 respectively, and full records were maintained in all these cases.

ANTE-NATAL CLINICS.

The Council continued its Clinics at Faringdon and Windsor, but the Abingdon Clinic was closed towards the end of 1953, and the Newbury Clinic in 1954, owing to very low attendances. During 1953 and 1954 the numbers of patients attending were 266 and 249 respectively, and total attendances were 738 and 668. These Clinics tend to show a reduction of cases, chiefly through the effects of the arrangements (referred to in the preceding section) for free ante-natal and post-natal examination by general medical practitioners. This development has had marked effects on attendances at local authority ante-natal clinics, and has contributed very largely to the closures referred to above.

ANALGESIA IN MIDWIFERY CASES.

In July, 1947, 13 of the 73 district midwives in the County were qualified in gas-air analgesia and 10 apparatuses were in use. At 31st December, 1954, the number of midwives qualified in this way had risen to 88 and the number of apparatuses in use to 83.

The numbers of domiciliary maternity cases given gas-air analgesia by midwives were 1,334 in 1953, and 1,324 in 1954.

In September, 1951, the Ministry of Health made special provision for the use by midwives of the drug *pethidine* as an analgesic, additional to the well-established use of nitrous oxide and air. The number of cases in which midwives used pethidine during 1953 was 681, and 786 in 1954.

MATERNITY HOSPITALS.

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the domiciliary circumstances of maternity patients applying for hospital confinement (excluding those requiring such confinement on purely obstetric grounds), in order that the available beds should be used only for cases in which the home circumstances render confinement in the home genuinely impossible. The numbers of applications dealt with during the two years were 1,493 and 1,232 respectively.

PUERPERAL PYREXIA.

There were 52 cases (including 19 domiciliary cases) notified in 1953, and 28 (7 domiciliary and 21 institutional) in 1954. No death occurred. All the cases were investigated in detail and reported upon by the Superintendent Nursing Staff, who also gave suitable advice on preventive measures.

OPHTHALMIA NEONATORUM.

The numbers of cases notified were 3 in 1953, and 4 in 1954. In no case was there impairment of vision as a result of the infection, and all cases underwent satisfactory resolution.

STERILIZED MATERNITY OUTFITS.

Under the National Health Service Act, 1946, these are issued free to all domiciliary maternity patients, and the total number of outfits supplied in 1953 was 1,704, and in 1954, 1,899.

HOME NURSING.

During 1953 District Nurses carried out 168,442 domiciliary nursing visits to cases of illness, and 182,067 in 1954; these visits were quite apart from the numerous other visits carried out by them as Midwives and as Health Visitors.

HEALTH VISITING.

Health Visiting is carried out by full-time Health Visitors in the more urban areas, and in the more rural parts of the County is combined with midwifery and home nursing. The latter method has obvious advantages in rural areas, provided certain conditions are satisfied. These conditions are: (a) the nurse must have a small enough area for the purpose; (b) she must be highly qualified so that she can do the combined work with safety; and (c) she must be able to consult, and to receive help from, senior staff in certain types of case. It is the express policy of the Council that all such nurses should hold the Health Visitor's Certificate, and at the end of 1954, of the 76 nurses concerned, 32 had the Certificate; of the remaining 44, 33 were members of the Queen's Institute of District Nursing.

The numbers of visits paid by Health Visitors were as follows :—

	<u>1953.</u>	<u>1954.</u>
Visits to children under one year	32,412	35,149
„ „ „ between one and five years ...	42,420	46,241

The Council continued to provide training scholarships for Health Visitors ; 6 candidates were accepted in each of the two years 1953 and 1954

SPECIAL CARE OF PREMATURE INFANTS.

The criterion of prematurity is “ an infant weighing $5\frac{1}{2}$ pounds or less at birth,” and all such births are specially notified to the County Medical Officer of Health by the midwife. Midwives are required to give special care to all such infants, and to obtain the assistance of the Superintendent or of her Assistants. In the Public Health Department there are provided special cots for the nursing of such infants in their own homes, and also special baskets that can be heated for transport of the infant to hospital when this is necessary. 320 premature infants were born during 1953 and 326 during 1954, to women normally resident in the County. Statistics relating to these births are given in the following table :—

	<u>1953.</u>	<u>1954.</u>
(1) Number born at home	83	87
(a) Number born at home and nursed entirely at home	62	85
(b) Number of those born at home and nursed entirely at home :		
(i) who died during the first 24 hours ...	3	6
(ii) who survived at the end of one month	56	77
(c) Number of those born at home and removed to Hospital	21	2
(d) Number of those born at home and removed to Hospital :		
(i) who died during the first 24 hours ...	5	—
(ii) who survived at the end of one month	13	2
(2) Number born in Hospital	230	229
(a) Number of those born in Hospital :		
(i) who died during the first 24 hours ...	18	14
(ii) who survived at the end of one month	198	200
(3) Number born in Nursing Homes	7	10
(a) Number of those born in Nursing Homes :		
(i) who died during the first 24 hours ...	—	1
(ii) who survived at the end of one month	6	9

NOTIFICATION OF BIRTHS.

The number of births notified under Section 203 of the Public Health Act, 1936, was 5,144 (including 91 stillbirths) in 1953, and 5,229 (including 113 stillbirths) in 1954.

Births are notifiable, under the Public Health Act, 1936, by the father of the child *and* any person in attendance during the confinement or within six hours after the birth. It follows that the midwife should always notify a birth at which she is in attendance, and if this procedure is followed the vast majority of births are notified. Births are also checked by exchange of information with the Registrar of Births and Deaths, who independently receives particulars of each birth, since each birth must be registered as well as notified. It is on the basis of the information received through notification of births (checked by registration) that the work of the Health Visitor is brought into operation. The home visiting of infants and young children by Health Visitors remains the foundation of the Child Welfare work of local authorities.

NURSING HOMES.

At December 31st, 1954, there were 19 registered Nursing Homes in the County. Of these, 8 undertook general medical and surgical work, 3 admitted maternity cases only, and the remainder provided for the nursing of either convalescent or senile patients.

	Number of Homes.	Number of Beds provided for:—		
		Maternity.	Others.	Totals.
Homes first registered during 1953 and 1954	2	—	22	22
Homes on Register at end of 1954	19	24	240	264

AMBULANCE SERVICE.

The end of 1954 saw the completion of the sixth full year under the National Health Service Act, and the County Ambulance Service continued to discharge very efficiently its important and exacting duties. The volume of work is of course much dependent upon the size of the population served, and is best measured as total mileage in relation to population; miles per 1,000 population is a convenient standard. This quantity can then be further examined, if desired, with relation to topographical factors, in particular the distribution of the population and the position of the main hospitals. After making the necessary adjustment for population, the growth in the *use* of the ambulance service in the County between 1949 (which was the first full year) and 1954, a period of six years, was rather over 18 per cent. Put in its simplest form, this means that the service as a whole is now doing on the average, having due regard to population, $6\frac{1}{2}$ miles for every $5\frac{1}{2}$ done in 1949.

Mileage and types of case dealt with for each Ambulance Station during 1953.

Station.	Type of Case.						Total mileage.
	Patients.	Acci-dents.	Illness (urgent).	Illness (not urgent).	Mater-nity.	Other.	
Abingdon ...	3,258	233	179	2,682	164	108	41,835
Abingdon (Isol. Hosp.)	484	—	72	412	—	2	12,943
Ascot ...	158	34	46	35	43	5	3,327
Bracknell ...	3,257	285	441	2,390	141	20	60,049
Cookham ...	77	11	37	16	13	1	1,906
Didcot ...	2,373	215	578	1,470	110	74	54,280
Faringdon ...	326	60	91	139	36	10	12,052
Hungerford	387	60	134	158	35	14	11,320
Lambourn ...	151	33	73	27	18	2	6,150
Maidenhead	3,728	228	390	2,989	121	48	43,821
Maidenhead (Isol. Hosp.)	712	1	107	604	—	9	10,781
Maidenhead (St. John)...	335	99	171	26	39	7	3,340
Newbury ...	4,425	287	663	3,213	262	71	81,325
Wallingford	374	43	36	249	46	—	7,934
Wantage ...	572	110	121	292	49	8	15,397
Windsor ...	4,713	221	487	3,730	275	61	38,544
Wokingham	1,304	185	225	814	80	13	17,774
	26,634	2,105	3,851	19,246	1,432	453	422,778

Mileage and types of case dealt with for each Ambulance Station during 1954.

Station.	Type of Case.						Total Mileage.
	Patients.	Acci-dents.	Illness (urgent).	Illness (not urgent).	Mater-nity.	Other.	
Abingdon ...	3,622	268	224	2,981	149	156	48,258
Abingdon (Isol. Hosp.)	344	—	27	317	—	—	9,750
Ascot ...	191	38	61	33	59	38	4,539
Bracknell ...	3,398	384	446	2,379	189	34	64,869
Cookham ...	61	4	45	4	8	—	1,660
Didcot ...	2,111	192	503	1,286	130	92	49,167
Didcot (St. John)...	108	43	38	6	21	—	3,347
Faringdon ...	848	82	92	645	29	11	25,179
Hungerford	460	67	128	230	35	8	13,050
Lambourn ...	160	32	47	63	18	3	6,378
Maidenhead	3,767	268	307	3,033	159	76	47,806
Maidenhead (Isol. Hosp.)	608	1	62	545	—	4	7,631
Maidenhead (St. John)...	381	103	189	57	32	9	3,967
Newbury ...	5,424	291	748	4,122	263	87	96,207
Wallingford	363	52	33	231	47	5	7,768
Wantage ...	681	116	143	354	68	22	18,108
Windsor ...	5,490	218	434	4,557	281	84	36,448
Wokingham	1,247	83	228	837	99	24	17,733
	29,264	2,242	3,755	21,680	1,587	653	461,865

HOSPITAL CAR SERVICE.

The Hospital Car Service continued to deal with the larger part of the sitting cases, and the following figures show the work done during 1953 and 1954 :—

<i>Year.</i>	<i>Number of Journeys.</i>	<i>Number of Patients.</i>	<i>Mileage.</i>
1953	14,309	20,388	489,225
1954	16,050	23,721	517,069

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Under Section 28 of the National Health Service Act, 1946, a Local Health Authority "may with the approval of the Minister, and to such extent as the Minister may direct, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." Under Ministry of Health Circular 118/47 of 10th July, 1947, the Minister confined his direction under this Section of the Act to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. The County Council provides Health Visitors for the special visiting of domiciliary cases of tuberculosis and such Health Visitors are required to "concern themselves with all matters relating to the welfare of such patients and their families" and "particularly with all measures which can be taken to prevent tuberculosis in the family of the patient." It is also provided that tuberculous patients shall be supplied, where necessary, with beds, bedding and nursing requisites, and the supply of outdoor shelters is continued, as well as facilities for the supply of extra nourishment.

In July, 1951, provision was made for the appointment of a Welfare Worker and Occupational Therapist for cases of tuberculosis in the eastern part of the County that lies within the area of the North-West Metropolitan Regional Hospital Board; a short time previously, it was decided to make an annual grant to the British Red Cross Society in consideration of the valuable work in occupational handicrafts that the Society was doing for such patients in the remainder of the County. These arrangements were continued in 1953 and 1954.

MASS RADIOGRAPHY.

During 1953 and 1954 the Units examined in Berkshire about 30,000 persons, and found 57 cases of active pulmonary tuberculosis, an incidence of slightly under 2 per 1,000. During 1953, the majority of the work was concentrated on institutions. In 1954, nearly three-quarters of the surveys were of the general population, including in particular a large survey in North Berks which included Abingdon, Didcot, Wallingford, Wantage and Faringdon; this investigation involved two-thirds of the total population x-rayed during the two years, and produced two-thirds of the cases.

B.C.G. VACCINATION.

This was described more fully in the Report for 1949. During 1953 and 1954, the numbers of persons receiving the vaccine were 223 and 213 respectively. While newer methods are being developed, there is no

relaxation of effort in regard to the established means of prevention. Of special importance in this respect are : (a) the examination and supervision of contacts, and the tracing of the source of infection ; and (b) the prevention of spread of the infection, particularly in the patient's home, by the teaching of a sound regimen to the patient and his family. Much can be done in this way, particularly by the Tuberculosis Health Visitor.

PROVISION OF NURSING EQUIPMENT.

Arrangements are made by the Council for the supply of nursing equipment for domiciliary cases through the existing nursing depots of the British Red Cross Society and the St. John Ambulance Brigade, each article being issued through the Home Nurse.

AFTER-CARE OF PERSONS DISCHARGED FROM HOSPITAL.

The proposals of the Council under the National Health Service Act provide that any necessary care shall be provided for " persons discharged from hospital or other invalids," and this work is carried out, in general, by Health Visitors. Similar work is also carried out by the staff of the Council in regard to the follow-up, when necessary, of contacts of cases of venereal disease.

ADMISSION TO HOSPITAL OF THE INFIRM AGED AND CHRONIC SICK.

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the circumstances of cases applying for hospital treatment in order that there might be some degree of selection of the relatively more urgent ones, and so that hospital beds should go to those most in need of them. The numbers of cases of this kind dealt with by the Public Health Department during the years 1953 and 1954 were respectively 149 and 122.

HOLIDAY HOME TREATMENT.

The Health Committee provides holiday home treatment for carefully selected cases, those in which recovery from a serious illness or operation can be expected to be genuinely accelerated, and restoration of working capacity restored more quickly or more surely, by a stay in a suitable holiday home. During 1951, the number of cases accepted was 20. In 1952, the number of cases was 22 ; there were 42 in 1953 and 36 in 1954. Approximately half the cases are referred by hospitals and half by medical practitioners, and the average length of stay is between two and three weeks.

HEALTH EDUCATION.

This continued to be developed through the Council's Health Visitors, and the Council continued its support to the Central Council for Health Education.

DOMESTIC HEALTH SERVICE.

Under the National Health Service Act, 1946, the Council may provide Domestic Helps " for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act, 1944." The Council's scheme was started in July, 1946, two years before the new Act, and the scheme is essentially one that provides Domestic Helps on medical grounds. This principle was again fully observed

in providing the Service during 1953 and 1954, and if this condition is satisfied few services of the Local Health Authority can be more useful.

The following figures show the numbers of cases since 1949 :—

<i>Year.</i>	<i>Number of cases accepted during year.</i>	<i>Number of cases receiving assistance at end of year.</i>
1949 ...	509	156
1950 ...	649	294
1951 ...	512	340
1952 ...	527	449
1953 ...	573	481
1954 ...	572	592

MENTAL HEALTH.

Under the National Health Service Act the Council has constituted a Mental Health Sub-Committee consisting of six members of the Council, and three members co-opted on account of their special interest in the work for which the Sub-Committee is responsible. Twelve meetings were held during the years 1953 and 1954.

In the administration of the service the County Medical Officer is assisted by :—

A Senior Assistant Medical Officer (who is also Senior Assistant School Medical Officer).

A Psychiatric Social Worker.

Two Petitioning Officers.

Seven Duly Authorised and Welfare Officers.

One Home Teacher (commenced January, 1953).

Psychiatric specialists of the Regional Hospital Board are called in for purposes of consultation when necessary in regard to cases of mental deficiency or mental illness, and a proportion of the time of the Council's Assistant School Medical Officers is allocated to the case-work of the service. The Psychiatric Social Worker is a joint appointment with the Regional Hospital Board.

No duties were delegated to voluntary organisations, but the Council continued to subscribe to the National Association for Mental Health.

The work of prevention, care and after-care under Section 28 of the Act was undertaken by the Psychiatric Social Worker, by Health Visitors, and by the Duly Authorised Officers.

LUNACY AND MENTAL TREATMENT ACTS.

During 1953 and 1954, the Duly Authorised Officers dealt with the following cases under these Acts :—

						<i>1953.</i>	<i>1954.</i>
Certified patients	...	...	...	...	...	112	106
Voluntary patients	...	...	...	...	...	66	77
Observation cases	...	...	...	...	...	19	24
Urgency Orders	...	...	...	...	...	2	2
Temporary patients	...	...	...	...	...	2	1
Cases seen by Justices of the Peace, but no action taken	...	...	...	...	...	22	26
						<u>223</u>	<u>236</u>

MENTAL DEFICIENCY ACTS.

The number of new cases ascertained during 1953 was 83 (46 males and 37 females) and, during 1954, 90 (40 males and 50 females). Of these cases, 46 (28 males and 18 females) in 1953 and 59 (26 males and 33 females) in 1954, were notified under Section 57 of the Education Act, 1944.

The new cases were dealt with as follows :—

	<u>1953.</u>			<u>1954.</u>		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
Placed under Statutory Supervision	38	29	67	36	42	78
Admitted to Certified Institutions	8	8	16	4	8	12
Placed under Guardianship	—	—	—	—	—	—
	46	37	83	40	50	90

The total number of cases on the Register at the end of 1953 was 834 and, at the end of 1954, 896, made up as follows :—

	<u>1953</u>			<u>1954</u>		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
In Certified Institutions	202	192	394	214	194	408
Under Guardianship ...	7	3	10	5	4	9
Under Statutory Supervision	208	176	384	213	204	417
Under Voluntary Supervision	23	23	46	32	30	62
	440	394	834	464	432	896

Cases awaiting institutional care at 31st December, 1953, and at 31st December, 1954, were :—

	<u>1953</u>			<u>1954</u>		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
Urgent	22	11	33	26	19	45
Not urgent	2	6	8	2	4	6
	24	17	41	28	23	51

The last table illustrates the continued shortage of institutional beds for these cases. The situation has worsened, indeed, since the end of 1952, when the number of *urgent* cases on the waiting list was 22.

Supervision continued to be carried out by the Council's Health Visitors, and the Duly Authorised Officers performed this work in relation to some of the male cases. The great majority of mental defectives were visited quarterly, and reports were submitted in respect of each visit.

In addition, the staff carry out a considerable amount of work in connection with the supervision of patients "on licence" from institutions, the investigation of home conditions for holiday leave for patients, and the review of Orders under Section 11 of the Mental Deficiency Act, 1913.

The number of home visits were :—

	<u>1953</u>			<u>1954</u>		
	Males.	Females.	TOTAL.	Males.	Females.	TOTAL.
Under Guardianship ...	27	13	40	20	15	35
Under Statutory Super- vision	772	701	1,473	722	704	1,426
Under Voluntary Super- vision	45	47	92	55	51	106
	844	761	1,605	797	770	1,567

The Council does not provide any Training Centres of its own for mental defectives, but arrangements have been made for patients to attend the Occupation Centres in Oxford, Reading and Slough, and the British Red Cross Society in Berkshire carries out a considerable amount of occupational work in the homes of patients of all kinds, including mental defectives.

HEALTH CENTRES.

Proposals for the use of the Faringdon Cottage Hospital as a Health Centre were approved by the County Council in 1951. These proposals provide for consulting room accommodation for three medical practitioners, as well as for the provision, in the same building, of the County Council's own clinics and certain hospital clinics. During 1953 and 1954 the Centre continued to provide an extremely useful range of combined services for the district. Experience suggests that a Health Centre of this size (including consulting room facilities for not more than three or four doctors) can be very useful, but that a much larger Centre (say, for six to eight doctors, with other services proportionate in number and extent) would be less satisfactory, as being less likely to give the highly personal standard of service that is desirable.

TABLE VII.
NOTIFICATIONS OF INFECTIOUS DISEASE, 1953.

DISEASES NOTIFIED.	Cases notified in Urban Districts.							Cases notified in Rural Districts.														
	Abingdon Borough	Maldenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Vantage Borough	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Vantage	Windsor	Wokingham	Total Rural Districts	Total County	
1 Smallpox	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	6
2 Diphtheria and Membranous Croup	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	15	26
3 Erysipelas	3	4	2	2	—	—	—	11	2	—	1	2	—	—	—	1	—	4	3	—	308	422
4 Scarlet Fever	33	43	10	12	—	3	13	114	50	8	23	90	13	2	9	15	21	26	51	—	2	
5 Typhoid	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	1	
6 Paratyphoid	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Puerperal Pyrexia	1	1	—	3	1	—	6	12	3	3	—	1	—	—	3	—	2	17	7	36	48	
8 Meningococcal Infection	1	1	—	1	—	—	—	3	2	1	1	—	—	—	—	1	—	—	—	5	8	
9 Poliomyelitis	2	8	2	2	—	1	1	16	—	6	8	2	2	—	3	1	2	1	6	31	47	
10 Polioencephalitis	—	—	2	—	—	—	—	2	—	—	1	1	—	—	—	1	—	—	1	4	6	
11 Ophthalmia Neonatorum	—	—	2	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	3	
12 Pneumonia	22	21	7	15	1	—	2	68	26	99	10	25	20	6	8	3	6	12	63	278	346	
13 Dysentery	2	4	—	—	—	—	—	6	9	20	3	2	2	—	—	5	1	2	18	62	68	
14 Pulmonary Tuberculosis	8	23	10	19	5	1	9	75	24	16	11	15	10	8	17	16	8	4	28	157	232	
15 Tuberculosis other than pulmonary	2	4	—	1	1	3	—	11	2	2	1	3	3	1	1	1	3	—	6	23	34	
16 Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	
18 Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
19 Measles	329	168	96	84	37	154	178	1,046	740	513	141	252	551	22	193	317	350	65	676	3,820	4,866	
20 Whooping Cough	74	48	6	12	37	4	30	211	98	74	64	121	92	88	60	85	28	21	164	895	1,106	

TABLE VIIa.
NOTIFICATIONS OF INFECTIOUS DISEASE, 1954.

DISEASES NOTIFIED.	Cases notified in Urban Districts.										Cases notified in Rural Districts.										Total Rural Districts	Total County
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage Borough	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts		
1 Smallpox	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1
2 Diphtheria and Membranous Croup	—	—	—	—	—	—	—	3	3	4	2	3	—	1	2	13	21	2	5	20	23	23
3 Erysipelas	15	47	6	3	9	15	8	103	26	5	35	13	9	4	1	—	—	—	41	170	273	273
4 Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Typhoid	—	2	—	11	—	—	—	13	—	—	—	—	—	—	—	—	—	1	—	—	—	—
6 Paratyphoid	—	—	—	—	4	—	3	7	—	—	—	—	—	1	1	—	1	15	4	21	28	14
7 Puerperal Pyrexia	—	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	1	—	3	6	6
8 Meningococcal Infection	—	3	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	3	3	3
9 Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
10 Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11 Ophthalmia Neonatorum	1	19	3	—	—	—	1	2	—	—	—	—	—	1	—	—	—	1	—	2	4	4
12 Pneumonia	15	197	—	8	—	—	1	46	19	58	13	10	—	4	4	5	5	4	61	183	229	229
13 Dysentery	—	—	—	—	—	—	—	197	1	21	19	28	—	14	49	3	2	9	12	158	355	355
14 Pulmonary Tuberculosis	18	17	10	26	3	2	2	78	37	12	6	13	2	2	13	11	15	7	18	136	214	214
15 Tuberculosis other than pulmonary	2	4	3	—	—	—	—	9	4	2	—	1	2	1	2	—	1	—	3	16	25	25
16 Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17 Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2
18 Pemphigus Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19 Measles	3	381	64	1	—	2	—	451	88	10	139	22	67	—	31	2	—	3	12	374	825	825
20 Whooping Cough	23	108	9	4	3	11	1	159	57	98	47	113	19	16	15	29	31	21	105	551	710	710

TABLE VIII.—CAUSES OF, AND AGES AT, DEATH, 1953.
URBAN DISTRICTS.

CAUSES OF DEATH.	Deaths in all Urban Districts.									Deaths in each District (at all ages).						
	Age Groups.									Abingdon Borough.	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage.	Wokingham Borough.
	All Ages.	0—	1—	5—	15—	25—	45	65—	75—							
Tuberculosis, respiratory	14	—	—	—	1	3	5	3	2	3	4	—	1	1	—	3
Tuberculosis, other	2	—	—	—	—	—	—	1	1	1	1	—	1	—	—	1
Syphilitic disease	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Whooping cough	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	1	1	2	—	—	—	—
Acute poliomyelitis	4	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—
Other infective and parasitic diseases	2	1	—	—	—	—	—	—	12	12	11	6	8	3	—	5
Malignant neoplasm, stomach	35	—	—	—	—	1	11	6	6	3	15	6	6	4	1	4
" " lung, bronchus	39	—	—	—	—	1	26	5	8	2	9	6	7	2	1	3
" " breast	30	—	—	—	—	4	13	5	8	2	5	1	4	—	—	3
" " uterus	15	—	—	—	—	2	6	4	3	2	49	24	20	13	5	26
Other malignant and lymphatic neoplasms	146	—	—	1	—	8	41	45	51	9	4	1	—	1	—	—
Leukaemia, aleukaemia	6	1	1	—	—	—	2	1	1	—	4	1	—	1	1	1
Diabetes	12	—	—	—	—	—	4	2	5	1	7	—	1	—	—	—
Vascular lesions of nervous system	214	—	—	—	—	1	23	66	124	14	72	34	20	34	6	34
Coronary disease, angina	140	—	—	—	—	—	33	43	63	11	35	29	27	13	5	20
Hypertension with heart disease	15	—	—	—	—	1	3	5	7	1	6	2	1	1	1	3
Other heart disease	213	—	—	—	—	2	15	42	154	6	105	46	27	13	3	13
Other circulatory disease	114	—	—	—	—	—	5	13	95	1	17	24	11	15	3	43
Influenza	43	2	—	—	—	2	4	10	24	4	8	4	13	5	3	6
Pneumonia	71	4	1	—	—	2	13	12	39	7	20	14	16	6	—	8
Bronchitis	70	—	—	—	—	—	17	21	32	3	33	12	9	—	3	10
Other diseases of respiratory system	11	—	1	1	—	1	3	1	4	—	4	—	4	—	1	4
Ulcer of stomach and duodenum	21	—	—	—	—	—	3	9	9	—	8	3	4	1	—	—
Gastritis, enteritis and diarrhoea	8	1	—	—	—	—	1	3	3	—	2	2	3	1	—	—
Nephritis and nephrosis	7	—	—	1	—	—	2	—	3	1	2	—	—	5	—	—
Hyperplasia of prostate	15	—	—	—	—	—	5	9	9	—	3	1	—	—	—	—
Pregnancy, childbirth, abortion	2	—	—	—	1	—	—	—	—	—	—	2	—	—	—	2
Congenital malformations	6	3	—	—	—	—	—	1	—	1	1	1	—	1	—	—
Other defined and ill-defined diseases	131	21	—	2	2	7	20	18	61	8	37	19	23	10	14	20
Motor vehicle accidents	12	—	1	—	2	4	—	—	1	1	5	3	2	—	—	—
All other accidents	29	2	2	1	1	3	2	3	15	3	8	6	4	2	2	4
Suicide	8	—	—	—	2	—	—	2	1	—	1	2	3	—	—	—
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	1,440	37	7	9	9	50	261	333	734	87	475	251	218	133	54	222

TABLE VIIIa.—CAUSES OF, AND AGES AT, DEATH, 1954.

URBAN DISTRICTS.

CAUSES OF DEATH.	Deaths in all Urban Districts.									Deaths in each District (at all ages).						
	Age Groups.									Abingdon Borough.	Maidenhead Borough.	Newbury Borough.	New Windsor Borough.	Wallingford Borough.	Wantage	Wokingham Borough.
	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—							
Tuberculosis, respiratory	17	—	—	—	1	6	5	4	1	6	4	2	3	—	—	2
Tuberculosis, other	2	—	1	—	—	—	—	—	1	—	1	—	—	—	—	1
Syphilitic disease	6	—	—	—	—	—	3	1	2	—	2	—	3	1	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—
Other infective and parasitic diseases	2	—	—	—	—	2	11	9	7	1	10	3	6	2	1	6
Malignant neoplasm, stomach	29	—	—	—	—	—	18	8	2	2	12	2	5	3	2	2
" " lung, bronchus	28	—	—	—	—	—	5	3	8	3	6	2	3	3	2	1
" " breast	20	—	—	—	—	4	7	6	2	3	5	1	3	1	—	2
" " uterus	15	—	—	—	—	—	26	23	40	10	28	18	22	8	4	10
Other malignant and lymphatic neoplasms	100	—	3	—	—	8	2	1	—	2	2	2	1	—	—	2
Leukaemia, aleukaemia	7	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—
Diabetes	2	—	—	—	—	—	32	55	105	12	47	31	45	33	12	15
Vascular lesions of nervous system	195	—	—	—	—	3	31	42	36	10	25	28	27	10	4	9
Coronary disease, angina	113	—	—	—	—	4	2	3	5	—	3	2	2	—	—	4
Hypertension with heart disease	11	—	—	—	—	3	11	42	111	12	50	43	30	17	5	12
Other heart disease	169	1	—	1	—	—	11	17	46	7	9	15	21	12	5	6
Other circulatory disease	75	—	1	—	—	—	1	1	3	—	2	—	3	—	—	—
Influenza	5	—	—	—	—	—	10	3	23	5	10	5	4	10	4	5
Pneumonia	43	5	—	1	—	3	8	3	18	4	11	6	15	—	1	2
Bronchitis	38	—	—	1	—	—	6	13	2	1	2	—	—	1	—	1
Other diseases of respiratory system	6	—	—	—	—	—	3	—	6	1	3	2	1	1	—	2
Ulcer of stomach and duodenum	9	—	—	—	—	—	1	1	3	—	—	—	2	—	—	3
Gastritis, enteritis and diarrhoea	6	—	—	—	—	3	2	1	1	—	2	2	2	—	—	2
Nephritis and nephrosis	9	—	—	1	1	—	2	1	1	—	4	6	4	2	—	—
Hyperplasia of prostate	19	—	—	—	—	—	3	4	12	1	4	—	—	—	—	—
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1
Congenital malformations	7	5	1	—	—	1	—	—	—	2	2	13	23	14	12	15
Other defined and ill-defined diseases	126	20	—	1	1	7	17	25	55	6	43	1	4	—	—	1
Motor vehicle accidents	13	—	—	—	5	1	3	2	2	1	1	3	3	—	2	1
All other accidents	16	—	—	2	2	1	2	3	2	—	3	2	1	1	1	—
Suicide	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	1,097	31	6	8	13	51	214	272	502	87	293	198	235	121	56	107

TABLE IX.—CAUSES OF, AND AGES AT, DEATH, 1953

RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in all Urban Districts.									Deaths in each District (at all ages).										
	Age Groups.									Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.
	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—											
Tuberculosis, respiratory	23	—	1	—	2	3	10	5	2	1	2	2	2	—	1	2	4	—	3	6
Tuberculosis, other	—	—	—	—	—	—	1	1	—	—	1	—	—	1	—	—	—	—	—	—
Syphilitic disease	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—
Diphtheria	2	—	2	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
Whooping cough	2	1	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
Meningococcal infections	2	—	—	—	1	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	2	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Measles	3	—	1	—	—	1	1	—	—	—	1	—	—	—	3	—	6	—	1	18
Other infective and parasitic diseases	50	—	—	—	—	12	17	20	—	5	4	4	6	2	4	7	3	2	6	12
Malignant neoplasm, stomach	55	—	—	—	—	2	30	17	6	4	3	4	8	4	3	1	2	3	1	4
" " lung, bronchus	34	—	—	—	—	2	12	12	8	2	2	1	10	4	3	1	2	—	—	3
" " breast	17	—	—	—	—	1	4	2	2	2	2	—	4	3	—	—	—	—	—	—
" " uterus	153	—	—	—	1	9	45	49	49	13	19	7	17	3	9	12	20	12	14	27
Other malignant and lymphatic neoplasms	4	—	—	—	—	—	1	2	1	1	—	—	—	—	—	—	—	—	1	1
Leukaemia, aleukaemia	12	—	—	1	—	2	1	3	5	2	1	3	2	—	—	—	1	1	1	34
Diabetes	238	—	—	—	—	5	49	67	117	23	16	14	39	14	11	21	19	12	35	50
Vascular lesions of nervous system	265	—	—	—	—	4	61	97	103	29	38	12	35	14	18	13	19	17	20	7
Coronary disease, angina	32	—	—	—	—	—	3	12	17	3	3	—	9	1	3	1	1	1	7	3
Hypertension with heart disease	268	—	—	—	1	4	24	56	183	11	30	12	24	17	21	12	46	20	19	56
Other heart disease	95	—	—	—	—	2	11	24	58	8	8	6	11	2	2	6	8	9	13	22
Other circulatory disease	42	—	1	—	1	—	4	12	24	2	5	1	7	1	2	2	3	8	4	7
Influenza	122	10	—	1	—	3	19	29	60	6	10	6	13	2	6	5	38	5	13	18
Pneumonia	86	1	—	—	—	—	12	22	51	5	8	4	7	2	6	12	4	3	6	21
Bronchitis	20	1	—	1	—	—	9	4	5	2	3	2	3	2	—	2	1	1	4	4
Other diseases of respiratory system	24	—	—	—	—	—	8	3	13	2	4	2	2	2	1	1	—	1	—	5
Ulcer of stomach and duodenum	15	3	—	1	—	—	5	5	1	1	1	2	1	1	1	1	2	—	2	3
Gastritis, enteritis and diarrhoea	16	—	—	1	—	4	3	7	4	2	1	—	3	1	1	1	2	1	1	2
Nephritis and nephrosis	18	—	—	—	—	—	7	11	—	2	1	2	2	2	2	1	—	—	—	1
Hyperplasia of prostate	3	—	—	—	2	1	—	—	—	—	—	—	2	—	—	—	1	1	1	2
Pregnancy, childbirth, abortion	16	10	—	1	—	1	2	2	—	4	1	2	2	1	1	15	14	14	19	42
Congenital malformations	204	48	2	2	11	32	29	79	2	16	22	12	32	8	10	3	4	—	2	5
Other defined and ill-defined diseases	23	—	1	2	4	7	3	2	—	1	1	2	3	3	2	—	7	4	4	9
Motor vehicle accidents	49	2	2	3	4	6	9	14	8	8	5	4	3	4	—	—	—	—	—	—
All other accidents	9	—	—	—	1	2	2	3	1	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	1,906	77	12	12	17	70	384	498	836	158	195	105	251	93	114	123	208	121	180	358

TABLE IXa.—CAUSES OF, AND AGES AT, DEATH, 1954.

RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in all Rural Districts.									Deaths in each District (at all ages).										
	Age Groups.									Abingdon.	Bradfield.	Cookham.	Easthampstead.	Faringdon.	Hungerford.	Newbury.	Wallingford.	Wantage.	Windsor.	Wokingham.
	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—											
Tuberculosis, respiratory	20	—	—	—	1	4	9	5	1	3	2	—	3	—	3	1	4	1	—	3
Tuberculosis, other	2	—	—	—	—	1	1	—	—	—	1	—	1	—	1	—	1	—	—	1
Syphilitic disease	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Meningococcal infections	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Acute poliomyelitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—
Other infective and parasitic diseases	4	1	—	2	—	1	—	—	—	—	—	—	9	—	2	4	4	2	2	6
Malignant neoplasm, stomach	51	—	—	—	—	3	13	13	22	10	8	2	9	2	2	3	3	4	3	5
" " lung, bronchus	50	—	—	—	—	2	19	11	7	11	2	4	11	2	2	1	2	3	2	7
" " breast	38	—	—	—	—	1	5	2	2	1	8	1	4	5	4	1	1	—	1	5
" " uterus	10	—	—	—	—	3	59	74	64	18	26	20	24	9	18	15	16	13	15	29
Other malignant and lymphatic neoplasms	203	—	1	—	—	1	3	3	2	2	2	—	2	—	—	2	1	—	—	—
Leukaemia, aleukaemia	9	—	—	—	1	—	3	3	2	1	3	1	1	—	1	1	1	19	25	42
Diabetes	9	—	—	—	—	2	43	91	167	28	33	19	45	20	16	27	29	24	22	48
Vascular lesions of nervous system	303	—	—	—	—	2	60	105	128	34	30	12	36	18	27	16	28	24	22	4
Coronary disease, angina	295	—	—	—	—	2	8	15	27	6	4	2	14	2	4	2	5	4	3	4
Hypertension with heart disease	50	—	—	—	—	2	35	67	184	20	23	32	25	25	8	28	49	17	9	52
Other heart disease	288	—	—	—	—	2	18	23	77	9	15	11	15	6	5	7	9	7	12	24
Other circulatory disease	120	—	—	—	—	—	1	—	3	1	—	1	—	—	—	1	—	1	—	—
Influenza	4	—	—	—	—	3	12	14	34	7	5	3	7	3	3	6	17	8	6	11
Pneumonia	76	8	1	2	2	3	12	14	34	7	5	3	7	3	3	4	8	6	3	12
Bronchitis	74	1	1	1	—	3	6	3	10	8	16	3	3	2	4	1	2	3	4	2
Other diseases of respiratory system	22	—	—	—	—	2	8	5	11	4	4	2	5	1	1	1	2	2	1	1
Ulcer of stomach and duodenum	26	—	—	—	—	—	4	3	1	2	—	1	1	1	1	1	—	1	1	2
Gastritis, enteritis and diarrhoea	12	4	—	—	—	3	6	4	5	2	2	3	5	1	—	—	1	1	2	2
Nephritis and nephrosis	19	—	—	1	—	—	—	2	11	1	3	1	2	—	—	—	—	—	—	—
Hyperplasia of prostate	13	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
Pregnancy, childbirth, abortion	1	—	—	—	—	—	—	—	—	4	6	—	4	—	1	1	4	3	4	4
Congenital malformations	31	20	2	1	1	2	4	1	66	23	17	15	29	10	12	12	15	10	10	47
Other defined and ill-defined diseases	200	48	5	2	5	9	6	6	5	4	4	1	4	1	2	3	1	5	—	7
Motor vehicle accidents	32	—	2	2	9	2	8	5	14	2	3	7	2	4	3	2	6	1	2	9
All other accidents	41	3	2	1	3	5	6	1	—	3	1	1	1	—	—	—	—	—	—	—
Suicide	14	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
Homicide and operations of war	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	2,026	85	15	15	24	59	411	518	899	206	222	146	264	118	119	142	211	139	133	326

TABLE X.—CAUSES OF, AND AGES AT, DEATH, 1953.

ADMINISTRATIVE COUNTY OF BERKS.

CAUSES OF DEATH.	Net Deaths in Age Groups of "Residents," whether occurring within or without the County.								
	Age Groups.								75 and up-wards.
	All Ages.	0—	1—	5—	15—	25—	45—	65—	
Tuberculosis, respiratory	37	—	1	—	3	6	15	8	4
Tuberculosis, other	2	—	—	—	—	—	—	1	1
Syphilitic disease	6	—	—	—	—	1	3	2	—
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping cough	3	1	2	—	—	—	—	—	—
Meningococcal infections	2	1	1	—	—	—	—	—	—
Acute poliomyelitis	6	1	1	—	1	3	—	—	—
Measles	2	1	1	—	—	—	—	—	—
Other infective and parasitic diseases	5	1	1	—	—	1	1	—	1
Malignant neoplasm, stomach	85	—	—	—	—	2	23	28	32
" lung, bronchus	94	—	—	—	—	3	56	23	12
" breast	64	—	—	—	—	6	25	17	16
" uterus	32	—	—	—	—	3	16	8	5
Other malignant and lymphatic neoplasms	299	—	—	1	1	17	86	94	100
Leukaemia, aleukaemia	10	1	1	—	—	—	3	3	2
Diabetes	24	—	—	1	—	3	5	5	10
Vascular lesions of nervous system	452	—	—	—	—	6	72	133	241
Coronary disease, angina	405	—	—	—	—	5	94	140	166
Hypertension with heart disease	47	—	—	—	—	—	6	17	24
Other heart disease	481	—	—	—	1	6	39	98	337
Other circulatory disease	209	—	—	—	—	3	16	37	153
Influenza	85	2	1	1	1	2	8	22	48
Pneumonia	193	14	1	1	—	5	32	41	99
Bronchitis	156	1	—	—	—	—	29	43	83
Other diseases of respiratory system	31	1	1	2	—	1	12	5	9
Ulcer of stomach and duodenum	45	—	—	—	—	—	11	12	22
Gastritis, enteritis and diarrhoea	23	4	—	1	—	—	6	8	4
Nephritis and nephrosis	23	—	—	2	—	5	5	4	7
Hyperplasia of prostate	33	—	—	—	—	—	1	12	20
Pregnancy, childbirth, abortion	5	—	—	—	1	3	1	—	—
Congenital malformations	22	13	—	3	—	1	2	3	—
Other defined and ill-defined diseases	335	69	2	3	4	18	52	47	140
Motor vehicle accidents	35	—	2	2	6	8	11	3	3
All other accidents	78	4	4	4	5	9	11	12	29
Suicide	17	—	—	—	3	3	4	5	2
Homicide and operations of war	—	—	—	—	—	—	—	—	—
All causes	3,346	114	19	21	26	120	645	841	1,570

TABLE Xa.—CAUSES OF, AND AGES AT, DEATH, 1954.

ADMINISTRATIVE COUNTY OF BERKS.

CAUSES OF DEATH.	Net Deaths in Age Groups of "Residents," whether occurring within or without the County.								
	Age Groups.								75 and up-wards.
	All Ages.	0—	1—	5—	15—	25—	45—	65—	
Tuberculosis, respiratory	37	—	—	—	2	10	14	9	2
Tuberculosis, other	4	—	1	—	—	1	1	—	1
Syphilitic disease	12	—	—	—	—	—	4	4	4
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	1	—	—	—	1	—	—	—	—
Measles	1	—	1	—	—	—	—	—	—
Other infective and parasitic diseases	6	1	—	2	—	1	—	—	2
Malignant neoplasm, stomach	80	—	—	—	—	5	24	22	29
" " lung, bronchus	78	—	—	—	—	—	43	26	9
" " breast	58	—	—	—	—	6	24	14	14
" " uterus	25	—	—	—	—	1	12	8	4
Other malignant and lymphatic neoplasms	303	—	4	2	—	11	85	97	104
Leukaemia, aleukaemia	16	—	—	—	1	4	5	4	2
Diabetes	11	—	—	—	1	—	3	4	3
Vascular lesions of nervous system	498	—	—	—	—	5	75	146	272
Coronary disease, angina	408	—	—	—	—	6	91	147	164
Hypertension with heart disease	61	—	—	—	—	1	10	18	32
Other heart disease	457	1	—	1	—	5	46	109	285
Other circulatory disease	195	—	1	—	—	2	29	40	123
Influenza	9	—	—	—	—	—	2	1	6
Pneumonia	119	13	1	3	2	6	20	17	57
Bronchitis	112	1	1	2	—	1	17	25	65
Other diseases of respiratory system	28	—	—	1	—	3	9	3	12
Ulcer of stomach and duodenum	35	—	—	—	—	2	9	7	17
Gastritis, enteritis and diarrhoea	18	4	—	—	—	1	5	4	4
Nephritis and nephrosis	28	—	—	2	1	6	8	5	6
Hyperplasia of prostate	32	—	—	—	—	—	3	6	23
Pregnancy, childbirth, abortion	1	—	—	—	—	—	1	—	—
Congenital malformations	38	25	3	1	1	3	4	1	—
Other defined and ill-defined diseases	326	68	5	3	6	16	53	54	121
Motor vehicle accidents	45	—	2	2	14	3	9	8	7
All other accidents	57	3	2	3	5	6	10	8	20
Suicide	23	—	—	1	3	5	9	3	2
Homicide and operations of war	1	—	—	—	—	—	—	—	1
All causes	3,123	116	21	23	37	110	625	790	1,401

INDEX

	PAGE
Ambulance Service	20
Analgesia in Midwifery Cases	17
Ante-natal Service	17
B.C.G. Vaccination	22
Births	2
Births, Notification of	19
Burnell House	13
Care and After-Care	22
Care of Mothers and Young Children	12
Child Welfare Centres	12
Day Nurseries	12
Deaths	3
Dental Care	13
Diphtheria	6
Domestic Help Service	23
Health Centres	26
Health Education	23
Health Visiting	18
Holiday Home Treatment	23
Home Nursing	18
Hospitals—Admission of Infirm and Chronic Sick	23
Hospitals—Discharges—After-Care	23
Hospital Car Service	22
Infant Mortality	4
Infectious Diseases	6
Laboratory Services	11
Lunacy and Mental Treatment Acts, 1890-1930	24
Mass Radiography	22
Maternal Mortality	5
Maternity Hospitals	18
Maternity Outfits	18
Mental Deficiency	25
Mental Health	24
Midwifery	16
Nursing Equipment—Provision of	23
Nursing Homes	20
Ophthalmia Neonatorum	18

	PAGE
Poliomyelitis	7
Population	1
Premature Infants—Special Care of	19
Prevention of Illness	22
Puerperal Pyrexia	18
Scarlet Fever	6
Smallpox	7
Stillbirths	2

TABLES :—

(i) Area and Population	1
(ii) Births in Each District	3
(iii) Deaths in Each District	4
(iv) Infant Mortality	5
(v) Tuberculosis—Notification during past 10 years	11
(vi) Tuberculosis—Mortality	12
(vii) Infectious Disease—Notifications in each District, 1953	27
(viiia) Ditto, 1954	28
(viii) Causes of, and Ages at, Death, Urban Districts, 1953	29
(viiiia) Ditto, 1954	30
(ix) Causes of, and Ages at, Death, Rural Districts, 1953	31
(ixa) Ditto, 1954	32
(x) Causes of, and Ages at, Death, County, 1953	33
(xa) Ditto, 1954	34
Tuberculosis	11
Tuberculosis—B.C.G. Vaccination	22
Tuberculosis—Care and After-Care	22
Tuberculosis—Prevention of	22
Typhoid Fever	7
Unmarried Mothers—Care of	13
Vaccination	7
Venereal Diseases	11
Welfare Foods	15
Whooping Cough	7

